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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0307 Deer Park Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 2 1077 No Peterson, Greg & Bea 2.30

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3

3

1950

2423

No

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

0.60

0.90

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead 0308 Fair-Mont-Egan Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 3 1944 No BRINKERHOFF, DON & DONNA 3.00 3 1945 No JORGENSON, CHASE & CHRISTINA 0.50 3 1946 No ARTSDALE, MARK & DENISE 1.50 3 1947 EVERT, PAM & MARK No 0.65 3 1948 REED, ELIZABETH No 1.50 3 1949 No MOORE, MICHAEL & MARY 1.05

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DANA, JOHN & JENNIFER

Winninghoff, Amy

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.75

DUE
DATES

4

2110

No

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead 0309 Swan River Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 4 1876 No AINSWORTH, LYNDA 0.35 4 1951 No BOOTS, LYNN 1.00 4 1952 CALDWELL, LISA No 1.00 1953 4 No LAFEVER, CARA 0.75 1954 4 No LUNA, BRENDA 1.00 4 1955 No JOCHEN, JESSICA 3.15 1956 4 No ZUMWALT, LAURA 8.50 4 2001 GOODSON, GRETCHEN 9.25 No 2028 4 HEDLEY, HOLLY MILLER 5.50 No PANCOAST, KRISTY 4 2029 No 0.75

TR-5 (1/05) Page 1

BALLLEW, ANGELA

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0310 Kalispell Elem 15 Flathead Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 5 1962 No SUTTON, RICHARD 1.35



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

	I his claim is for the period beginning		, 20	and ending		_, 20	
		month	day		month	day	
-	CEDETELCATION						

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:

15 Flathead			0311 Flathead H S	High School	
District Contract		a		Daily	# of Days
#	#	Shared	Family's Name	Rate	Transported
5	1482	Yes	GROSSWILER, DAWN	0.42	
5	1499	Yes	OSTERDAY, MARCY	1.00	
5	1509	Yes	SMITH, JULIE	0.75	
5	1875	Yes	BAER, LAURA	0.12	
5	1957	No	LEATZOW, WILMA	1.50	
5	1958	No	MEADOR, CYNTHIA	2.50	
5	1959	No	PALMER, TONY & SHARON	2.25	
5	1960	No	LEE, TRACY	5.00	
5	1961	No	WENTHOLD, JEANNETTE & DEWAYNE	2.25	
5	1963	No	MCCALLUM, SANDRA L	4.50	
5	1964	No	PILLING, HELEN	1.75	
5	1965	No	GRESKOWIAK, MIKE & SUE	2.00	
5	1966	No	EDWARDS, ROBERT & LISA	6.85	
5	1967	Yes	ANDREWS, JUDY	0.12	
5	1968	Yes	BARNES, DAVID	0.12	
5	1969	Yes	EGLEY, BULINDA	0.75	
5	1970	Yes	GROSHELLE, ROGER & BONNIE	0.12	
5	1972	Yes	MCDONALD, DORA	2.75	
5	1973	Yes	MCPHEE, JULIE	0.50	
5	1974	Yes	PECK, MARJORIE	0.50	
5	1976	No	HOLMES, JULIE	1.50	
5	2100	Yes	LINDBERG, FAITH	0.87	
5	2362	Yes	Lane, Katrina M	1.57	

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0312 Columbia Falls Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 6 2363 No Kaufman, Deb 0.00 6 2364 No Kaufman, Deb 0.00 6 2365 No Chester, Kristian 9.25

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0313 Columbia Falls H S **High School** Contract District Daily # of Days Transported # # Shared Family's Name Rate 6 1977 No MEEKS, GAIL 2.75 Meeks, Gail 6 2373 No 1.00

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0317 Cayuse Prairie Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 10 1871 No CLAVADETSCHER, JERRED & AMANDA 1.13 10 SEIPERT, NICOLE 1978 No 1.00 10 1979 No ELLETSON, ECHO 0.50 1980 MEHR, JENNIFER 10 0.88 No



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning		, 20	_ and ending	, 20	
	month	day	month	day	

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees			
County:	District:	District Level:		
County:	District:	District Level:		

15 Flathead			0323 Kila Elem	Elementary	
District	Contract	GI I	T. 21.1 V	Daily	# of Days
20	# 1468	Shared No	Family's Name BENJAMIN, JENNIFER	Rate 0.50	Transported
20	1468 1469	No No			
20	1469	No No	SMIRNOW, ANN BROWN & DAVID	2.00 1.45	
20	1470	No	BLACK, HEIDI BUCHOLZ, AMBER L	2.95	
20	1471	No	COLWELL, RICHARD	2.93	
20	1472	No	DERBY, ROBERT & CARRIE	0.50	
20	1475	No	FRARY, CAROLINE	1.00	
20	1475	No	FRECH, CYNTHIA	2.25	
20	1477	No	GAMBLE, CHARLES	1.00	
20	1477	No	GRAY, TRICIA	0.75	
20	1480	No	GOLDEN, ANITA	1.25	
20	1482	Yes	GROSSWILER, DAWN	0.43	
20	1483	No	HANSEN, MONTANA	2.00	
20	1484	No	HOLT, DEBORAH	9.00	
20	1485	No	IRLBECK, KIMBERLY	2.00	
20	1486	No	JOHNSON, RENAE	1.00	
20	1487	No	KAPTANIAN, LISA	2.25	
20	1488	No	KELLY, JULIE	1.00	
20	1489	No	McALLISTER, KAMI	1.50	
20	1491	No	McElwain, JAMES	0.45	
20	1495	No	METCALFE, DAVID	1.50	
20	1496	No	MEYER, KATHY	2.50	
20	1497	No	MULLEN, NANCY	6.00	
20	1498	No	OAKASON, WENDY	1.50	
20	1499	Yes	OSTERDAY, MARCY	1.00	
20	1500	No	PADDOCK, TRACY	1.50	
20	1502	No	PIKE, KELLY	3.25	
20	1503	No	PROUTY, RONDA	0.25	
20	1504	No	PULSE, ROBIN	0.40	
20	1505	No	REED, CHRIS	0.85	
20	1506	No	RENSEL, MICHELLE	1.25	



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

	month	day		month	day	
i his claim is for the period beginning		, 20	and ending		, 20	

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

15 Flathead	0323 Kila Elem	Elementary
County:	District:	District Level:
Date	Signature, Chair, Board of Trustees	

15 Flathead			0323 Kila Elem	Elementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
20	1507	No	ROMAN, JOYCE SAN	3.00	Transported
20	1508	No	SCHUCK, CHRIS & PAM	1.10	
20	1509	Yes	SMITH, JULIE	0.75	
20	1510	No	WALLACE, DEBBIE	1.00	
20	1511	No	YOGERST, JOHN	1.00	
20	1574	No	BELAND, MARIANE	0.65	
20	1872	No	AASHEIM, LAURIE	0.25	
20	1874	No	BAKER, TOMMY	3.25	
20	1875	Yes	BAER, LAURA	0.13	
20	1877	No	BRUCE / BASKO, JONATHAN / KARA	0.45	
20	1967	Yes	ANDREWS, JUDY	0.13	
20	1968	Yes	BARNES, DAVID	0.13	
20	1969	Yes	EGLEY, BULINDA	0.75	
20	1970	Yes	GROSHELLE, ROGER & BONNIE	0.13	
20	1972	Yes	MCDONALD, DORA	2.75	
20	1973	Yes	MCPHEE, JULIE	0.50	
20	1974	Yes	PECK, MARJORIE	0.50	
20	1981	No	PAINTER, JUSTIN & JULIE	1.50	
20	2100	Yes	LINDBERG, FAITH	0.88	
20	2101	No	SMITH, CASANDRA	0.75	
20	2102	No	MASCIULLO, LORETTA A	1.25	
20	2103	No	CROWLEY, JENNIFER & MARK	0.75	
20	2104	No	SOMMERS, JUDY & BRIAN	1.90	
20	2105	No	ROSENBERG, AZADE	2.25	
20	2106	No	STUBBERT, GUYLA	4.50	
20	2107	No	SATTLER, DEBRA	0.25	
20	2362	Yes	Lane, Katrina M	1.58	
20	2380	No	Goodall, Diane	0.75	
20	2381	No	Perry, Margaret F	0.75	

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0324 Smith Valley Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 89 1063 No Hagel, Jack & Sharon 0.25 89 Holling, Thomas 1064 No 2.35 89 1065 No Woodring, Kim 1.00 89 Garrison, Gene & Anne Marie 1066 1.50 No

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0325 Pleasant Valley Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 27 1512 No STEVENS, GAIL 1.00 SALYER, ARTHUR V 27 1513 No 1.75 27 1514 No MAXEY, HAROLD 1.50

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0327 Somers Elem Elementary Contract District **Daily** # of Days Transported # Shared Family's Name Rate 29 2319 No Adams, Tamara 1.80 29 Rhoades, Wendy 2338 No 2.95

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0330 Bigfork Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 38 1515 No PENROD, CHARLENE 9.00 38 1516 Yes REID, LISA 2.25 38 1517 No CORNETT, RALPHA & TERESA 9.00

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0331 Bigfork H S **High School** Contract District Daily # of Days Transported # # Shared Family's Name Rate 38 1516 Yes REID, LISA 2.25 38 2010 No Rutledge, Lisa 0.75

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0334 Whitefish Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate Sargent, Terry 44 1068 No 4.00 44 1071 No Borland, Jennifer 5.50 44 2017 No DYESS, DENA L 5.50 2030 NESBIT, DWAYNE 5.50 44 No

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0335 Whitefish H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 44 1067 No Phillips, Jami 1.00 McRell, Dennis & Betty 44 1069 No 5.50 44 1070 No Erickson, Carol 1.00 1072 0.90 44 Cherrington, Lynn A No

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead 0341 Marion Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 54 1518 No SMITH, TYNA 3.00 54 1519 No PALMER, SHARON & TONY 2.75 54 1520 No HOLMES, JULIE 2.50 54 1521 COOPER, ELAINE No 1.25 54 1522 ODELL, KOREY No 0.50 54 1523 No BROWN, ROBIN 0.75 54 2108 No GAMMA, DIANNE 1.75 54 2355 No Martin, Bryant 5.60

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0342 Olney-Bissell Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 58 1525 No NAGLER, JON & ROXANN 1.80 ENGEBRETSON, VICKIE 58 2109 No 6.90



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

CONTRACTOR OF CONTRACTOR						
	month	day		month	day	
I his claim is for the period beginning		, 20	and ending		, 20	

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:
County:	District:	District Level:

15 Fla	thead		1184 West Valley Elem	Elementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1678	No	ABERNATHY, JOY	1.35	Transported
1	1679	No	ABERNATHY, KRISTI	1.15	
1	1680	No	BAKER, JANIE	1.13	
1	1681	No	BANKHARDT, ERIN	1.00	
1	1682	No	BARSTOW, KIM	1.00	
1	1683	No	BLY, DANNY	1.00	
1	1684	No	BRINER, ADRIENNE	1.00	
1	1685	No	BROWN, JULIE	0.68	
1	1686	No	BROWN, SYLVIA	1.13	
1	1687	No	BYLE, CHERYL	0.40	
1	1688	No	CABRAL, LEILA	0.00	
1	1689	No	CAMERON, DWANDI	0.25	
1	1690	No	CANNING, NICHOLE	2.63	
1	1691	No	CARD, SARAH	0.50	
1	1692	No	CARMALT, NUGGETT	0.35	
1	1693	No	CHAMBERLAIN, SHANNON	1.55	
1	1694	No	CONNNOLLY, MARY M	0.25	
1	1695	No	CREIGHTON, TEUBEN	1.50	
1	1696	No	DANIELSON, KELLIE	1.00	
1	1697	No	DAVIS, KRISTI M	2.50	
1	1698	No	DULIN, CATHY	0.30	
1	1699	No	ERICKSON, BELINDA	0.40	
1	1700	No	FARNHAN, SHELBY	0.53	
1	1701	No	FIGUEROA, EDELMIRA	1.00	
1	1702	No	FITZSIMMONS, LAURA L	3.60	
1	1843	No	CRIDER, MAE E	0.55	
1	1844	No	LONG, ERIN	1.00	
1	1845	No	NILSON, ED & LEA	0.40	
1	1878	No	FREEMAN, KENDRA	0.75	
1	1879	No	GASSAWAY, SHARON	0.50	
1	1880	No	GLASMAN, AMY	0.75	



School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _		, 20	and ending	, 20	
	month	day	mon	th day	

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees	
County:	District:	District Level:

15 Fla	thead		1184 West Valley Elem	Elementary	
District #	Contract #	Shared	Family's Name	Daily # of Days Rate Transported	ı
1	1881	No	GREGOIRE, AMY	1.30	
1	1882	No	GRINDE, LORI	0.60	_
1	1883	No	HAAVE, DAWN	0.50	_
1	1884	No	HANDY, BARBARA	0.50	
1	1885	No	HANSON, KATHERINE E	0.70	
1	1886	No	HAYES, MICHAEL& SHERRI	0.75	
1	1887	No	HEALY, NANCY	0.75	
1	1888	No	HOPPNER, JOHN	2.80	_
1	1889	No	HUBBARD, SHAUNA	0.50	
1	1890	No	HUNT, Robert	1.50	
1	1891	No	JOHNSON, JULIE	0.25	
1	1892	No	JONES, COLETTE	0.60	
1	1893	No	JONES, VIRGINIA	2.75	
1	1894	No	KARBOSKI, JUDY	1.25	
1	1895	No	KIERSTEAD, WENDY	1.50	
1	1896	No	KILLIAN, BILLY D	1.50	
1	1897	No	KING, RENE	2.50	
1	1898	No	KRUEGER, JESSICA	1.25	
1	1899	No	LAMKIN, J	2.50	
1	1900	No	LEVANEN, KARRIE L	1.05	
1	1901	No	LUTZ, LEILANI	1.05	
1	1902	No	LYNCH, NICOLE D	0.50	
1	1903	No	MALLOY, CORAINNE	0.25	
1	1904	No	MARTIN, ELIZABETH	1.10	
1	1905	No	McLELLAN, LISA	0.25	
1	1906	No	MILETICH, CAROL	0.65	
1	1907	No	MILETICH, SHERRI M	0.75	
1	1908	No	MORGAN, WENDY	0.75	
1	1909	No	MORIGEAY, LEE	1.50	
1	1910	No	MUONIA, KRISSA	1.50	
1	1911	No	NIEMAN, MARSHA	0.95	



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

First Semester February 1 to County Superintendent **February 15 to State Superintendent**

Second Semester May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

month day month day	This claim is for the peri	od beginning	, 2	0 and ending	, 20	
		month	day	month	day	

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees		
County:	District:	District Level:	
County.	District.	District Level.	

15 Fla	thead		1184 West Valley Elem	Elementary	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
1	1912	No	ORR, GREGORY	0.40	Transported
1	1913	No	PATTON, DEBBIE	0.25	
1	1914	No	PAVLIUK, NATALIA	1.00	
1	1915	No	PEARSON, BARBARA A	1.25	
1	1916	No	PEDERSON, BARBARA K	1.13	
1	1917	No	PEIFFER, RITA	0.80	
1	1918	No	GRANT, RASMUSSEN	1.00	
1	1919	No	RASMUSSEN, MINDI K	0.75	
1	1920	No	RASMUSSEN, SCOTT A	1.75	
1	1921	No	REED, ERIN	0.55	
1	1922	No	RICHMOND, MARLA K	1.20	
1	1923	No	ROBERTS, MARCY	1.00	
1	1924	No	SANDLER, KAREN E	0.25	
1	1925	No	SANDLER, KAREN E	1.75	
1	1926	No	SCHLEGEL, DENISE 0.75		
1	1927	No	SHAFER, CLEON & SUSAN	0.50	
1	1928	No	SHAFFER, THOMAS	0.75	
1	1929	No	SWARCHUK, MARK & PATRICIA	1.00	
1	1930	No	TIKKA, SHARON	0.75	
1	1931	No	TRIMBLE, KIM	0.35	
1	1932	No	TURNER, TINA	1.00	
1	1933	No	TUTVEDT, LINDA	0.50	
1	1934	No	TUTVEDT, MICHELLE	1.00	
1	1935	No	UNDERWOOD, SHERYL	1.50	
1	1936	No	VENTURUNI, TINA	0.25	
1	1937	No	WALLNER, NICOLE	0.25	
1	1938	No	WARD, JANICE A	1.50	
1	1939	No	WEST, DEBRA	0.75	
1	1940	No	WIDDEN, ANNA M	1.50	
1	1941	No	WIHERSKI, TAMI	0.25	
1	1942	No	WILLIS, SHIRLEY	1.00	



School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.25

0.50

0.50

DUE
DATES

1

1

1

2370

2371

2372

No

No

No

Miller, Tracy

Tienhaara, Robert

Bennett, Paige L

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending . 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 15 Flathead 1184 West Valley Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1943 No ZEBRO, RYAN 0.75 1 1997 No HEIDEGGER, SUSAN 0.98 2090 No BALLARD, SCOTT & CHERYL 1 0.50 2091 0.90 No BERGER, MELISSA 1 2092 BREWER, KAREN 1 No 0.40 1 2093 No KIMPORT, ERIN 0.25 2094 1 No RAMSEY, NICHOLE 1.20 2095 ROTH, JEANNIE 1.35 1 No 2096 SPOHNHAUER, MARK 1 No 0.90 2097 TREVINO, LIANE 1 No 0.35 1 2098 No WESSON, KENNETH H 0.25 2099 WILLIAMS, TAWN 1 No 0.55 2328 Ashby, Patricia 0.25 1 No 2329 No Abernathy, Kelly 1.00 1 2330 No Leese, Sherie 1.20 1 1 2331 No Trubee, Tammy 0.90 2352 Bibb, Angie 1 No 1.00 1 2353 No Kain, Russell 7.50